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### **Comments on Reinhart et al.: consensus statement of the ESICM task force on colloid volume therapy in critically ill patients**

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 from the Editor-in-Chief are available  
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Dear Editor,  
 We are grateful that a task force has  
 addressed colloid volume therapy in  
 critically ill patients [1]. This issue is  
 currently the focus of considerable  
 debate, and new data from ongoing  
 trials can be expected in the new future.

A task force is considered to be a  
 group of specialists who have been  
 appointed to work together on a  
 temporary basis with the specific aim  
 to provide an answer to a specific  
 question. In this respect, the consen-  
 sus statement of the European Society

of Intensive Care Medicine's task  
 force on colloid volume replacement  
 in critically ill patients immediately  
 raises two questions: what is the basis  
 on which the task force was selected?  
 Which entity initiated this initiative?  
 The methodology of the article does  
 not provide any information on these  
 points, and the reader is left with  
 some degree of doubt on how the  
 individual members of the "task  
 force" were selected. Eight individu-  
 als ("the eight panel members")  
 apparently voted on each aspect of  
 the statement. However, it seems  
 highly questionable whether a small  
 group of only eight individuals are  
 capable of representing a true consen-  
 sus of the various opinions among  
 experts in the field in Europe—par-  
 ticularly when the group included two  
 authors from the same department,  
 representing 25 % of the votes.

Our concern is not whether the  
 statement is correct or incorrect, but  
 rather whether the approach used to  
 establish the consensus was the most  
 suitable one and whether it was  
 capable of representing the opinions  
 of intensivists throughout Europe—  
 particularly since current data on the  
 topic are limited, and several trials  
 currently in progress are likely to  
 provide new data in the very near  
 future. Was the methodology for  
 drawing up guidelines on best medi-  
 cal practices—as recommended by  
 the European Health Committee  
 (Comité Européen de la Santé,  
 CDSP) and adopted by the Commit-  
 tee of Ministers of the Council of  
 Europe in 2001 [2]—followed during  
 the review process and publication of  
 the statement?

It is therefore very surprising that  
 such an important statement was  
 apparently accepted for publication  
 by *Intensive Care Medicine* within  
 2 days of submission (as specified on  
 p. 368). In the absence of any infor-  
 mation on how the present  
 recommendations were evaluated, the  
 reader can only speculate on the peer

review process regarding this con-  
 sensus statement. Are these  
 recommendations supported by the  
 majority of European intensive care  
 specialists or do they merely reflect  
 the "expert opinion" of eight  
 authors?

Here, we suggest that these points  
 need to be clarified. In future com-  
 parable cases, we would also  
 recommend that such statements  
 should be based on the input of rep-  
 resentatives of all of the disciplines  
 involved in critical care medicine  
 (surgery, anesthesia, internal medi-  
 cine, neurology, physiology, etc.).  
 Such an approach, based on a com-  
 prehensible procedure, is currently  
 being used in Germany to develop a  
 guideline on intravascular volume  
 therapy in adults, in accordance with  
 the guidelines of the Working Group  
 of Scientific Medical Specialist Soci-  
 eties (Arbeitsgemeinschaft der  
 Wissenschaftlichen Medizinischen  
 Fachgesellschaften, AWMF) [3].

**Conflicts of interest** Zacharowski: Con-  
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